## Best Available Copy

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09894988

CLAIMS AS FILED - PART I								SMALL ENTITY OTHER THAN					
			(Column 1)		(Column 2)			TYPE		OR			
TOTAL CLAIMS			16					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			↑ 6 minus 20=		· 0			X\$ 9=	-	OR	X\$18≈		
INDEPENDENT CLAIMS			2 mi	nus 3 =	* O			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM P			RESENT					405			. 070		
* If	the difference	in column 1 is	less than 76	ero ente	r "O" in c	column 2	•	+135=		OR	+270=		
•			less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	710:	
	· C	(Column 1)	AMENDED - PART II (Column 2) (Column 3					SMALL ENTITY			OTHER THAN R SMALL ENTITY		
AMENDMENT A		CLAIMS		HIGH	EST	1	Ìſ		ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		J	+135=		OR	+270=		
								TOTAL		00	TOTAL		
		(Calumn 1)		(Colu	mm (1)	(Column 3)		ADDIT. FEE		loi,	ADDIT. FEE		
AMENDMENT B		(Column 1) CLAIMS	V 7 3	HIGH		T (Column 3)	1 (		4 D D I	1 1		4001	
		REMAINING AFTER	* 14 (4 H		IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AMENDMENT		PAID	FOR		1		FEE			FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF M	Minus	***	CL AIM	=	$\  \ $	X40=		OR	X80=		
L	THOTFHESE	NIATION OF MI		LIVOLIV	CLAIIVI		ן נ	+135=		OR	+270=		
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)							
AMENDMENT C		CLAIMS		HIGH	IEST		] r		ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total		Minus	**		=	11	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	]	X40=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]	770-		OR			
								+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
	The "Highest Num	nber Previously Pa	id For" (Total o	r Independ	lent) is the	e highest numb	er fou	ind in the app	ropriate box	in co	lumn 1.		